(050) Carr	ier Contact Form			FCC Form 690
			AND THE RESERVE AND THE PERSON NAMED IN	Approved by QMB OMB Control No. 3060-1185
				Page 2 of 8
2011/11/11/12/2017				
<010>	Study Area Code		448009	
<015>	Study Area Name		Texas 10, LLC	
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding t	hie data	2017	
<035>	Contact Telephone Number - Number of person identific		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifi		cstrausbaugh@cellonenation.com	
<b>.</b>	Garden (AAA-billian Frank Dhaar 4 Millian In Didden			
	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		- 1.1
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address			
		cstrausbaugh@cellon	enation.com	
Contact In	formation			
Contact III	if same as above, indicate in this box			
<120>	Nome (First MI Last Cuffix)			
<121>		Chad Strausbaugh		
<122>		Texas 10, LLC		
	C'.	1170 Devon Park Driv	re. Suite 104	
<123>	· · · · · · · · · · · · · · · · · · ·	Wayne		
<124>	•	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
	•			
Authorize	d Agent Information			
<u> </u>	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	· · · · · · · · · · · · · · · · · · ·			
	City _			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Cm	rerage and Performance Réport	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448009\_CPRd\_TX.zip Coverage and Performace attachments

<141>	<81>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<63>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	<u> </u>							-		
		1	1							
				9	ee attach	ed worksl	neet			
					, , , , , , , , , , , , , , , , , , ,		1001			
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•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compilance	Form 690
App	proved by OMB
	18 Control No. 3060-1185
Pag	ge A of 8

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)	)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.								
Name of Reporting Carrier: Texa	as 10, LLC							
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2017				
Printed name of Authorized Officer:	Chad Strausbaugh							
Title or position of Authorized Officer:	Staff Counsel							
Telephone number of Authorized Officer:	6105356474 ext.							
Study Area Code of Reporting Carrier:	448009	Filing Due Date for this form:	07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.								

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.
lame of Authorized Agent:	
lame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported	d herein based on
	knowledge, the information reported herein is accurate.	**
Name of Reporting Carrier: Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Fitle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or i Title 18 of the United States Code, 18 U.S.C. § 1001.	mprisonment under

			Si SHAMEN MANAGESHAMEN SHAMEN			
80) Triba	Lands Reporting				Form 690	
					proved by OMB	465
					18 Control No. 3060-1 je 5 of 8	185
				latta tilattati tilattati tilatta tilat	iskiellieilliskillielleilleillisliski	Alesto Halleylistes
<010>	Study Area Code		448009			
<015>	Study Area Name		Texas 10, LLC			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh			
<035>	Contact Telephone Number - Number of person identification Contact Email Address - Email Address of person identification identification identification identification identification identification identification identifi		6105356474 ext.			
<039>	Contact Email Address - Email Address of person identifi	ieu iii data iiiie 10502	cstrausbaugh@cellon	enation.com		<del></del>
<142>	State					
<143>	County					
<144>	Tribal Land(s) on which ETC Serves					
					_	
-4 45-	Tribal Covernment Engagement Obligation					
<145>	Tribal Government Engagement Obligation	Name of Attached Docu	ment / ndf)		_	
		name by Attached Doca	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	If your company convert Tribal lands places colort (Voc	No Not Applicable) fo	\r.			
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on		,			
	PDF, on line 145, demonstrates coordination with the					
	government pursuant to § 54.1004 includes:					
			Select			
			es, No, Not Applicable)			
<146>	Needs assessment and deployment planning with a for	cus on Tribal				
	community anchor institutions;	<del> </del>	***			
<147>	Feasibility and sustainability planning;	<u> </u>				
<148>	Marketing services in a culturally sensitive manner;	<u> </u>				
<149>	Compliance with Rights of way processes					
<150>	Compliance with Land Use permitting requirements					
<151>	Compliance with Facilities Siting rules					

<152>

<153>

<154>

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
10.6		Approved by OMB OMB Control No. 3060-1185
3. T.		Page 6 of 8
•		
<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	55088.00
<203>	Total Mobility Fund Support Disbursed	53964.20
<210>	Actual Completion Date	07/16/2015
1210	Actual completion bate	07/20/2020
<211>	Project Status Description (attached)	448009_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	prome of the extension
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	<del></del>
<216>	Project Budget Status	<u>,</u>
<217>	Project Plan Status	
	,	

3G

<218> Network will Support 3G/4G Mobile Service?

	FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 7 of 8
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<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Da	te <sup>06/28/2017</sup>	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer	6105356474 ext.			
Study Area Code of Reporting Carrier:	448009	Filing Due Date for this form: 07/03/2017		

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/27/2017 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	W. Britania and European
	Approved by OMB
	OMB Control No. 3060-1185
	O, 10 Co.
	Page 8 of 8

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauch@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting car is sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized approxided to the authorized approximate.	rier. I
agent, and, to the best of my knowledge, and reports and		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
	norized to submit the reports for Mobility Fund recipients on b g carrier; and, to the best of my knowledge, the information re			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Signature of Authorized Agent or Employee of Agent:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Age	nt			
Telephone number of Authorized Agent or Employee of A	Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Approved by OMB OMB Control No. 3060-1185
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<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a><a> <141> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Population Population **Road Miles** Resident covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Census Block Census Block Service Block Reached State County Cherokee 0000 0.0 Yes 0 0 ТX 0.0 0.0

Percentage of Total Population Reached by Service 0

Percentage of Total Road Miles covered by Service

0		
1		
1		

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# **Project Status Description**

Item: SAC 448009

County/State: Cherokee, TX
Total Award Amount: \$55,088.00

### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

116 11 16 16 16	Fund \$54,1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448010		
<015>	Study Area Name	Texas 10, LLC	Á6	cepted / Filed
<020>	Program Year	2017		แม่ง ค.ศ. รถเช
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal	Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	(	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
WARMSHINE	THE STATE OF THE STA		TO THE PARTY OF THE PARTY OF THE PARTY.	a 1999 (M. 1997) (M. 1989) (M. 1989) (M. 1987)
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	(N) <040> O	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

		///-		
(050) Cari	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
.040				
<010> <015>	Study Area Code Study Area Name		448010 Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>		Texas 10, LLC		
<113>		1170 Devon Park Dri	ve. Suite 104	
<114>	· · · · · · · · · · · · · · · · · · ·	Wayne	., 54166 101	
<115>				
		PA		
<116>	•	19087		
<117>	_	6105356474 ext.		
<118>		6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
			,	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	rexas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<123>	City	•Vayne		
<124>	State	PA.		
<125>	Zip-Code	19087		
<126>	Tolonhono Number	5105356474 ext.		
<127>	Fay Number			
<128>	Email Address	5106885209		
1220	Email Address	cstrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
			.,	
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance	Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185
		Page 3 of 8

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	448010_CPRd_TX.zip
Coverage and Performace attachments	

<141> Total Road Certify that Road Miles per Miles Coverage and Road Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) Reached Census Block Census Block by Service Service Block Block County State -- See attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

1070) Urban Rate Comparability Certification Compliance FCC Form 690	
(070) Urban Rate Comparability Certification Compliance FCC Form 690	115 114
Approved by OMB	
51/2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	777714
OMB Control No. 3060-1185	9000
Page 4 of 8	12/1/2

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbauqh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)		
I certify that I am an officer or employee of form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: Texas	s 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448010	Filing Due Date for this form:	07/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to f	ile Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my	responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provid	ed to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	rfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Jnited States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein	based on
data provided by the reporting carrier; and, to the best of n	knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ager		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form car	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonm Title 18 of the United States Code, 18 U.S.C. § 1001.	ent under

180) Triba	Lands Reporting			FCC Form 690
				Approved by OMB
	Market State of the State of th			OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448010	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	,
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	ECC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	209952.00
<203>	Total Mobility Fund Support Disbursed	199034.50
<210>	Actual Completion Date	07/27/2015
<211>	Project Status Description (attached)	448010_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of For attaches)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<del>-</del>
<215>	Status of Network Deployment - Maintenance	<del></del>
<216>	Project Budget Status	<del></del>
<217>	Project Plan Status	<del>'</del>

**⊙** 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier  Approved by COMB Control (	)MB
OMB control ( Page 7 of 8	10. 3050-1185

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients					
certify that I am an officer of the report	•	es include ensuring the accuracy of the reporting attachments is accurate.	ting requirements for Mobility Fund r	ecipients; and, to the	
Name of Reporting Carrier:	10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date	06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh				
Fitle or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer	. 6105356474 ext.				
Study Area Code of Reporting Carrier:	448010	Filing Due Date for this form:	07/03/2017		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier  certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agen	t			
	gent:			
Telephone number of Authorized Agent or Employee of Ag	g			

# **Attachments**

(060) Co		nd Performan	ce Report				Aut.		Appro	orm 690 oved by OMB Cantrol No.: 3060-1185
				<u> </u>	Marian and Anna					
<010>		rea Code				448010				
<015> <020>	Study A Program	rea Name				Texas 2	10, LLC			
<030>			son USAC should co	ontact regarding	g this data		trausbaugh			
<035>	Contac	t Telephone N	Number - Number	of person ident	ified in data lin	C 1000	6474 ext.			
<039> <140>			ess - Email Address mance Report Yea		tified in data lir		sbaugh@cellonenat 5 - 07/2017	ion.com		<del>,</del>
									<b>&lt;</b> c3>	
<141>		<a2></a2>	<a3></a3>	<01>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	* <del>c3&gt;</del>	<d>&gt;d&gt;</d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Biock Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
							·			
	<u> </u>									
										-
	-	-								
		,	Percentage of		0		Percentage of Tota		0	

by Service

**Total Population** 

Reached by Service Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# **Project Status Description**

Item: SAC 448010

**County/State: Cherokee, TX** 

Total Award Amount: \$209,952.00

### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Office of the same
Masket Hostian I	n kan salah sa Salah salah sa	er it sentimination and an object to the sent sent sent and a sent sent the manager of sent and an experience	etta aurus aika ka ka ka manda aika ka ka manda ka
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>u)</u> <040>
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	○

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
110,400,0160,0540,01100			userosennymumumumususeuroseurosestestariumemusuum	
<010>	Study Area Code		448011	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	abia data	2017	
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif		Chad Strausbaugh 6105356474 ext.	<del></del>
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC	and the same of th	
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address			
		cstrausbaugh@cellon	enacton.com	-
Contact In	nformation			
Contact II	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)			
<123>	City	1170 Devon Park Driv	ve. Suite 104	
<124>	State	Wayne		
<125>	Zip-Code	PA	·····	
<126>	•	19087		
	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code		<del></del>	
<136>	Telephone Number		****	
<137>	Fax Number			
<138>	Email Address			
~130×	Lilian Addiess	<del></del>	·-	

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448011_CPRd_TX.zip	
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Coverage and Performace attachments

<141>

<a15< th=""><th><a2></a2></th><th><a3></a3></th><th><b1></b1></th><th><b2></b2></th><th><b3></b3></th><th><c1></c1></th><th><c2></c2></th><th><c3></c3></th><th>≼d≯</th></a15<>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	≼d≯
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
**									
			(	ee attach	ed works	heet			
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							<del> </del> -		
	1		į.	1	1		1		

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compilance	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448011	Filing Due Date for this form: 07/03/2017		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize a	n Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reportir	ng carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and	data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed to File Compliance with 47 CFR §54.1009(a)(4)	on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of a		carrier; I have provided the data reported herein based on e.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age	nt:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

80) Triba	Lands Reporting				Form 690	
					oved by OMB	0.1100
		1.66			Control No. 306 5 of 8	0-1185
				1,969		
<010>	Study Area Code		448011			
<015>	Study Area Name		Texas 10, LLC			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh			
<035>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif					
<039>	Contact Email Address - Email Address of person identifi	neu ili uata ilile <0	30> cstrausbaugh@cellonena	tion.com		
<142>	State					
<143>	County					
<144>	Tribal Land(s) on which ETC Serves					
-2.11						
		-				
-1 AF	Tribal Covernment Engagement Obligation					
<145>	Tribal Government Engagement Obligation	Name of Attached I	Document (.pdf)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································			
						•
	If your company serves Tribal lands, please select (Yes,	No. Not Applicable	e) for			
	each of these boxes to confirm the status described on		-,			
	PDF, on line 145, demonstrates coordination with the					
	government pursuant to § 54.1004 includes:					
			Select			
.1.10		<b>-</b> 41 . 1	(Yes, No, Not Applicable)			
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Tribal				
<147>	Feasibility and sustainability planning;					
<14/>	Marketing services in a culturally sensitive manner;					
<149>	Compliance with Rights of way processes					
<150>	Compliance with Land Use permitting requirements					
<151>	Compliance with Facilities Siting rules					

<152>

<153>

<154>

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<u> </u>		energia de la companya de la company La companya de la co
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	146820.00
<203>	Total Mobility Fund Support Disbursed	140315.87
<210>	Actual Completion Date	07/28/2015
-2115	Dunicat Status Description (attached)	448011 PSD TX.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<del></del>
<216>	Project Budget Status	
<217>	Project Plan Status	
	•	

**●** 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448011	Filing Due Date for this form: 07/0	03/2017	

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
(101) Columbiation (100) Columbia	
	- Approved by OMB
	- Approximation
	OMB Control No. 3060-1185
	Owin Control No. 3000-1183
	99-59
	Page 8 of 8

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	responsibilities include ensuring the accuracy of the data rep	information reported on behalf of the reporting carrier. I orting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and o	data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934 under Title 18 of the United States Code, 18 U.S.C. § 1001.	l, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Age	ent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form ca	an be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

# **Attachments**

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

(42) (43) (b)) (b)) (c)) (c)) (c)) **Certify that Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Road Miles per Census Population Resident covered per data is uploaded Population per **Newly Reached** Reached by per Census **Block Newly** Census Block (yes/no) by Service Block Reached Census Block Service State County Census Block Cherokee 0000 Yes 0.0 ТX 0.0 0.0

Percentage of		
<b>Total Population</b>		
Reached by		
Service		

0		
···		
-		
1		

Percentage of Total Road Miles covered by Service

0				
	0			
+				

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 448011

County/State: Cherokee, TX

Total Award Amount: \$146,820.00

### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility Phase 1	Fund §54.1009 Annual Reporting		FCC Form Approved by OMB OMB 3060-1185
Data Col	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448012	<b>A</b>
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2017	JUN 29 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	omice of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to \$54.1009  <041> Attach a description of the documents file		<040>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or Na)	0 •

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 590 Approved by OM8 OM8 Control No. 3060-1185 Page 2 of 8
				llanden Son en
<010>	Study Area Code		448012	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identific	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110	<u> </u>	
<111>		Texas 10, LLC		
<112>		Texas 10, LLC	Spite 104	
<113>	,	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	menation.com	
Contact In	iformation if same as above, indicate in this box			
<120>	No (Flort M) Leet Coffin)	Chad Strausbaugh		
<121>	·	Texas 10, LLC		
<122>				
		1170 Devon Park Dri	ve Suite 104	
<123>		Wayne		
<124>	•	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
	•			
A	d A Information			
Authorize	id Agent Information if no agent, indicate in this box			
-120-				
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
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(060) Coverage and Performance Report		FCC Form 690
		Ap proved by OMB
		OMB Control No. 3060-1185
		Page 3 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	·

448012_CPRd_TX.zip		

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<93>	<615	<b2></b2>	< <del>03</del> >	<c1></c1>	<c2></c2>	<c3></c3>	<0>
									·	
								ļ 	Total	
						:		Road	Road	Certify that
					Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Coverage and Performance data
				Resident	Population	Population	per	Block	per	is uploaded
	State	County			Newly Reached by Service		Census Block	Newly Reached	Census Block	(Yes/no)
				9	ee attach	ed worksl	neet			-
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Population Reached by		Road Miles covered	
Service		by Service	

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<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Er	nployee as to Compliance with 47 CFR §54.1009(a	a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448012	Filing Due Date for this form: 07/03/2017			

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be punished by fin under Title 18 o	e or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment of the United States Code, 18 U.S.C. § 1001.				

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Beh	alf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	red to submit the certification on behalf of the reporting carrier; I y knowledge, the information reported herein is accurate.	have provided the data reported herein based or
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Agen	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	be punished by fine or forfeiture under the Communications Act of 1934, Title 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde

080) Triba	Lands Reporting			FCC Form 690 Approved by GMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448012	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line <03	30> cstrausbaugh@cellonenatic	n.com
<142>	State			
41.475	County			
<143>	County	<del></del>		
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached D	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable	) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the	Tribal		
	government pursuant to § 54.1004 includes:			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a fo	cus on Tribal		
	community anchor institutions;	}		
<147>	Feasibility and sustainability planning;	Į		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes	l		
-1-7/	Compliance with ingrite of may processes	ļ		

<150> Compliance with Land Use permitting requirements Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<151>

<152> <153>

<154>

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200> <201>	Date Authorized to Receive Support  Targeted Completion Date	08/16/2013 08/17/2015
	-	158880.00
<202>	Total Mobility Fund Support Awarded	130000.00
<203>	Total Mobility Fund Support Disbursed	135113.83
<210> <211>	Actual Completion Date Project Status Description (attached)	07/22/2015  448012_PSD_TX.pdf  {Name of PDF attached}
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	/ / / /

**●** 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carrier FC	C Farm 690
Inti cernication , vehoring carrei	
	proved by OMB
ON CONTRACTOR OF	AB Control No. 3060-1185
Paris and the second	ge 7 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for mobility Fund recipients; and, to the person of the reporting requirements for mobility Fund recipients; and, to the person of the reporting requirements for mobility Fund recipients; and, to the								
Name of Reporting Carrier: Texas	10, LLC							
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017					
Printed name of Authorized Officer:	Chad Strausbaugh							
Title or position of Authorized Officer:	Staff Counsel							
Telephone number of Authorized Officer	. 6105356474 ext.							
Study Area Code of Reporting Carrier:	448012	Filing Due Date for this form: 07/03/2017						

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	auconier es continuem anno income es esta auconier es esta anno esta esta esta esta esta esta esta esta
	FCC Form 690
(102) Certification - Agent / Carrier	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent is accurate.	the reporting carrier. I e authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
I, as agent for the reporting carrier, certify that I am autho reported herein based on data provided by the reporting c	rized to submit the reports for Mobility Fund recipients on behal arrier; and, to the best of my knowledge, the information reports	f of the reporting carrier; I have provided the data ed herein is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form c	an be punished by fine or forfeiture under the Communications Act of 19: 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

# **Attachments**

# (060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<81>	<82>	<a3></a3>	. <b1></b1>	sb2>	<63>	<c1></c1>	<02>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
	ļ								
	-								<b>,</b>
							-::		
							***		
				<u> </u>					

Percentage of
<b>Total Population</b>
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## **Project Status Description**

Item: SAC 448012

County/State: Cherokee, TX

Total Award Amount: \$158,880.00

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund 954.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2017 Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
	santan kana da kana da maka da maka da maka kana da maka da ma Maka da maka d	anna an ann an Aireannach ann an Aireann an Aireann an Aireann ann an Aireann an Aireann an Aireann an Aireann Aireann an Aireann an	tti maana ka
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov.	er tribal lands? Yes or No)	$\circ$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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		and the second s		
(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
.040	C		******	
<010>	Study Area Name		448013 Texas 10, LLC	
<015> <020>	Study Area Name Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	yra Suita 104	
			ve, suice 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
<u>Contact In</u>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix)	<u>Chad Strausbaugh</u>		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	Outro 104	
<123>	City	Wayne	VP 31.11 P 1112	
<124>	State	PA		
<125>	Zip-Code	-		
<126>	·	19087		
	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code .			
<136>	Telephone Number			
<137>	Fax Number			
	•			
<138>	Email Address			

(060) Coverage and Performance Report			FCC Form 690
(000)			
			Ap proved by OMB
			OMB Control No. 3060-1185
			Page 3 of 8
	STERNESS SERVED POLITICISMOS PROSPERANTOS PROPERANTOS	Marchen Carlotte (Control Control Cont	

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	448013_CPRd_TX.zip	
e attachments	ł	

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<83>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
	State	County		Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(	See attach	ed worksl	neet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	